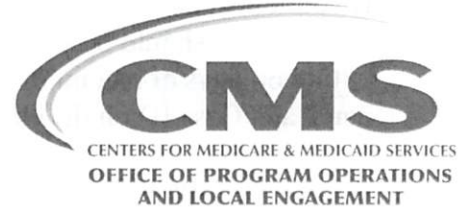


Matta 13106

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, IL 60601



INNOVATION & FINANCIAL MANAGEMENT GROUP

March 29, 2021

Mr. Todd Weglarz
Fieger, Fieger, Kenney & Harrington
19390 West Twelve Mile Road
Southfield, MI 48075

MIS# 83660 13106

RECEIVED

APR 02 2021

Fieger Law

Re: Milda Mattila

Medicare Case ID Number: 2013085-09-000178

Date Of Incident: 06-01-2012

Dear Mr. Weglarz:

This is in response to your request that the Centers for Medicare & Medicaid Services (CMS) compromise its Medicare Secondary Payer (MSP) recovery claim with respect to the offer of settlement, in the above-referenced matter. CMS's compromise authority is pursuant to the Federal Claims Collection Act (FCCA) of 1996 (31 United States Code [USC] § 3711) and the basis on which CMS may consider a compromise are found at 42 Code of Federal Regulations (CFR) § 401.613.

You advised CMS this case has not yet settled but a settlement offer of \$301,186.51 has been made. Medicare's total conditional payment for treatment related to this incident is \$353,158.94. You reported the attorney fees and costs total \$104,168.23. After reducing Medicare's recovery by our share of the procurement costs per 42 Code of Federal Regulations (CFR) 411.37, Medicare's recovery claim would be approximately \$196,018.68.

CMS has determined it will accept \$117,610.97 as payment in full for Medicare's recovery claim under the terms/conditions set forth below:

- This compromise offer is limited to your client's settlement(s) of \$300,168.51 with respect to the above referenced matter. If the total settlement(s) are more than \$300,186.51, this compromise offer is void.
- Any portion of Medicare's recovery claim which is compromised, waived or otherwise unpaid is subject to recovery in connection with other subsequent settlements for this incident. Failure to notify Medicare of additional recoveries may nullify this compromise agreement.
- By accepting this offer, your client is forfeiting all pending and future appeal and/or waiver of recovery rights with respect to Medicare's recovery claim against this settlement
- You must sign and date your acceptance of this offer (as indicated at the end of this letter) and return this letter within sixty (60) days of the date of this letter to the BCRC at the address shown below.

- If your client accepts Medicare's offer, a check payable to Medicare in the amount of \$117,610.97 should be sent to the Benefits Coordination & Recovery Center (BCRC) within 60 days of receipt of the settlement proceeds. Please include the beneficiary's name and Case ID on the check and forward it to:

BCRC-NGHP P.O. Box 138832 Oklahoma City, OK 73113

Do not send payment to the CMS Regional Office. If your signed acceptance and payment is not received within sixty (60) days from the date of this letter or 60 days from the date you receive settlement proceeds, whichever is later this compromise offer is null and void, and the BCRC will pursue Medicare's entire recovery claim. BCRC will proceed with recovery activities of the full amount due under the provisions of the Debt Collection Improvement Act, Title 31 United States Code, Section 3711. This may result in the transfer of the debt to the Department of Treasury for collection and assessment of interest (42 CFR 411.24, 45 CFR 30.13, Federal Claims Collection Act). If payment is not made within 60 days of the date of this letter, the payment must include documentation of the date your firm received settlement proceeds.

This offer of resolution is separate and distinct from the Appeals and Waiver determination process. This resolution under the Federal Claims Collection Act (FCCA) is not an Initial Determination. See 42 CFR 405.926. Compromise is made solely at the discretion of the Government. Therefore, no appeal rights attach to this resolution. However, if you should decline this compromise offer you may exercise your appeal rights once the demand letter has been issued

If you have any questions, please contact Paul Jackson, Health Insurance Specialist, at 312-353-1453 and/or email him at paul.jackson@cms.hhs.gov.

Sincerely,



Allison McCoy
Deputy Group Director
Innovation & Financial Management
Chicago & Kansas City Group

Confirm acceptance of this compromise by sending a signed copy of this document to the BCRC at the address listed above. Please do not copy the CMS Regional office.

Please note that the signature below must be that of the individual legally authorized, based on the authorization we have on file, to accept or reject this offer of compromise on behalf of the late Ms. Milda Mattila.

The undersigned has read, understands and accepts its terms.

Print -Name of Individual Signing Acceptance

Signature

Relationship to Medicare Beneficiary

Date _____

cc:

Sent via Fax to the BCRC: 405-869-3309

Estate of Milda Mattila
700 Reynold Sweet PKWY
South Lyon, MI 48178